

STAFF REGISTRATION

Course Title:			_
ID Code:	Course Dates:	Keys (Academy use only):	
Registrant In	<u>formation</u>		
Registrant's Name (L	ast, First, Middle)	Are you a new hire? Yes I	Vo
Title/Function/Office			
Room #	Telephone	E-mail	
Please print name	exactly as it should appear	on training certificate:	_
NTSB staffers mu	st have their supervisor's	approval before registering for a course, forum or symposium.	
Supervisor In	nformation		
Name of supervisor	r:	Title:	-
By submitting this r indicated above.	egistration form, I verify that	t I have obtained my supervisor's approval to attend the course	
Academy Lu	nch Program		
\$12 per day, registi	rants will be notified prior to	se at a cost of approximately \$12 per day. If the cost is more than enrollment in the Program. If the cost is less than \$12 per day, a frigerator is available for those who choose to bring their own lunch.	
		ed to participants in the Lunch Program unable to attend the course neellation no later than 7 business days prior to the first day of class.	
I would like to enr	oll in the Academy Lunch	Program Yes No [If yes, complete below]	
	nber of scheduled class day n of the course is not permit	s] = \$ Enrollment in the Lunch Program for fewer days that ted. Payment can be made by credit card or personal check only.	1
Method of Paymer	<u>nt</u>		
AMEX VIS	SA MC Account#		_
Name as it appears on card:		Expiration Date:	_
Check or Mone	y Order. Make check payat	ole to "NTSB" and submit by mail with copy of registration.	